BEST AVAILABLE COPY												
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 Only 1, 2000 PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000												
CLAIMS AS FILED - PART I (Column 1) (Column 2)									ENTITY		OTHE	R THAN
Γ	TOTAL CLAIN	AS		(Column 2)				TYPE		O		LENTITY
FOR			NUMB	NUMBER FILED NU			+	BASIC F		_	RATE BASIC FE	
[OTAL CHARG	EABLE CLAIMS	14	14 minus 20= •			1	X\$ 9-			3,000	1000
INDEPENDENT CLAIMS			12	2 minus 3 =			t			O	<u> </u>	
М	ULTIPLE DEP	ENDENT CLAIM	PRESENT	RESENT				X40=	-	OF	X80=	
* If the difference in column 1 is			s less than	less than zero, enter "0" in column 2			1	+135=		OF	+270=	01
								TOTAL	- [OF	TOTAL	XGC
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALI	L ENTIT	r oa	OTHE	R THAN ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI TIONA FEE	L.	RATE	ADDI- TIONAL FEE
	Total	·	Minus	••		8	lſ	X\$ 9=		OR	X\$18=	
AME	Independent	4.0	Minus	***		=		X40=	1	OR		
	TIMOT PRES	ENTATION OF N	OLTIPLE D	EPENDENT	CLAIM			+135=	 	7	+270=	
							L	TOTAL		OR	TOTAL	
		(Column 1)	. 1	(Colum	n 2)	(Column 3)	Al	DDIT. FEE	<u> </u>		ADDIT. FEE	
ENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FO	st Er Jsly	PRESENT EXTRA		RATE	ADDI- TIONAI FEE		RATE	ADDI- TIONAL FEE
	Total	:3//	Minus	- 21		<i>- /U</i>		X\$ 9=	99	OR	X\$18=	7
	Independent FIRST PRESE	NTATION OF MU	Minus	PENDENT C	, ,	<u>- 7</u>	Γ	X46-47	30	OR	X80=	1
	.1.	hal		Z.O.C.I.I.O.				+135=	Ö	OR	+270=	
	11/5	09	•	· .			AD	TOTAL DIT. FEE	39/	OR ,	TOTAL VODIT. FEE	
		(Column 1) CLAIMS	The state of the s	(Column		Column 3)						
-		REMAINING AFTER AMENDMENT		PREVIOUS PAID FO	SLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE_
	otal ndependent		Minus	• 30		<u>'</u>	×	(\$ 9=		OR	X\$18=	
_			Minus LTIPLE DEP	PENDENT CI	AIM	6	>	(40=	•	OR	X80=	12
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							135=			+270=	
at the entry in column 1 is less than the entry in column 2, write "O" in column 3.										PO.		
		er Previously Paid					ound in	the appr	opriate box		7011. PE6 6# nn 1.	